

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10588049</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10	/		/				60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17		/		/			67						
18		/		/			68						
19		/		/			69						
20		/		/			70						
21		/		/			71						
22		/		/			72						
23		/		/			73						
24		/		/			74						
25		/		/			75						
26		/		/			76						
27		/		/			77						
28		/		/			78						
29		/		/			79						
30		/	/				80						
31		/	/				81						
32		/	/				82						
33		/	/				83						
34		/	/				84						
35		/	/				85						
36		/	/				86						
37		/	/				87						
38		/	/				88						
39		/	/				89						
40		/	/				90						
41		/	/				91						
42		/	/				92						
43		/	/				93						
44		/	/				94						
45		/	/				95						
46		/	/				96						
47		/	/				97						
48		/	/				98						
49		/	/				99						
50		/	/				100						
TOTAL IND.	2	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	11	←	31	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	13		35				TOTAL CLAIMS						